

Exhibit 7 (2 pages)
response to 1st letter



IBM Benefits Center-Provided by Fidelity
P.O. Box 770003
Cincinnati, OH 45277-1000

June 1, 2023

Mr. Jurgis Adomavicius
500 Mountain Sunset Lane
Cary, NC 27519-9631

Dear Mr. Adomavicius:

This is in response to your appeal received April 25, 2023, requesting for an exception to allow you to access your Health Reimbursement Account (HRA) without enrolling into a qualifying through Optum.

Unfortunately, your request is denied. This denial is based on the following plan provision found in the **Supplemental Prescription Drug Benefit and IBM Supplemental Medical Benefit** section of the **About Your Benefits (AYB) – Post-Employment** book, under **Eligibility for an HRA**. It states:

You are eligible for an HRA if you are either:

- A Medicare-eligible retiree (or are receiving benefits under the IBM Medical Disability Income Plan (MDIP) or IBM Long-Term Disability (LTD) Plan) or
 - A Medicare-eligible surviving spouse/dependent
- and are eligible for subsidized coverage under the Plan.

In either case, you must enroll in individual medical or prescription drug insurance coverage* through the Via Benefits Medicare marketplace. (To enroll in coverage through Via Benefits, you must be enrolled in Medicare Part A and Part B.)

Please note, Optum is the new administrator of IBM's HRA. Optum has confirmed that you are not enrolled into a qualifying plan through them therefore, based on the plan rules above, you are not eligible to access the funds within your HRA.

We realize this is not the outcome you were hoping to receive, but it is the IBM Benefits Center's responsibility to administer IBM's benefits plans according to plan documents and in a manner that is consistent and equitable for all benefits participants.

You do have the right to appeal this decision to the IBM Plan Administrator, which is the final step in IBM's appeal process. If you decide to do so, please follow the enclosed instructions, and refer to Work Item # W309369-25APR23 in your appeal.

INSTRUCTIONS FOR APPEALING TO THE IBM PLAN ADMINISTRATOR

Although your claim is being denied, you have the opportunity to request a review by the Plan Administrator and to provide additional information relevant to your claim. As described in the Employee Retirement Income Security Act (ERISA) section of the About Your Benefits and the About Your Benefits: Post Employment booklets, you may appeal a claim denial by writing to:

IBM Plan Administrator - Employee Benefits
c/o IBM Benefits Center
P.O. Box 770003
Cincinnati, OH 45277-1060

If you decide to submit a request for claim review, you must do so within 180 days after receiving this notice of claim denial. In any such request, you should include the following:

1. Quote the specific Plan provisions upon which you base your claim for benefits.
2. If we stated the reason we denied your claim was that certain information, documentation or evidence necessary to establish the validity of your claim had not been furnished, provide that information, documentation or evidence.
3. If any of the facts we gave as a basis for denying your claim were incorrect, state what the true facts are and provide supporting documentation.
4. State any other information, issues or comments you feel may be helpful to the Plan Administrator in the evaluation of your claim.
5. Enclose copies of all prior correspondence you have received in connection with the processing of your claim, including this letter. Also enclose copies of all prior correspondence which you have sent to IBM or the claims processor in connection with your claim or which have been sent by a health care provider or other third party.

To the extent that you provide the information in 1, 2, 3, 4 and 5 above, it will be taken into consideration when your claim is reviewed. We may also ask you for additional information in reviewing your claim or in considering any request you may make for plan descriptions or other pertinent documents.

The Plan Administrator will provide you with a written notice of determination within 30 days after receiving your request for claim review. Where special circumstances require more time, the Plan Administrator will notify you, within the 30 days, of how much additional time will be needed.